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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/821,631	
	Filing Date	04/09/2004	
	First Named Inventor	Kurt Vagle	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	1	Attorney Docket Number	PRO.12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Sigma-Aldrich Co.	
Signature		
Printed name	Jeffrey Wilson	
Date	4/17/2006	Reg. No. 50400

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Jeffrey Wilson	Date 4/17/2006

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/821,631
Filing Date	04/09/2004
First Named Inventor	Kurt Vagle
Title	Novel Phosphorylation Reagents For
Art Unit	Improved Processes To Convert Terminal
Examiner Name	Hydroxyl Groups Of Oligonucleotides Into
Attorney Docket Number	Phosphate Monoester
	PRO.12

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

61638

OR

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:☒ Firm or Individual Name Sigma-Aldrich co.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	4/17/06
Name	Jeffrey Wilson	Telephone	314-236-8711
Title and Company	Sigma-Aldrich Co.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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